DOCUMENT RESUME

ED 253 335 PS 014 893

AUTHOR Rickarby, Geoff
TITLE The Detached or Inured Child. Unit for Child Studies Selected Papers Number 31.
INSTITUTION New South Wales Univ., Kensington (Australia). School of Education.
PUB DATE 84
NOTE 10p.; For related documents, see ED 204 029-037, ED 212 382-390, ED 250 087-098, and PS 014 894-898. Paper based on seminar presented at the Unit for Child Studies (3rd, Kensington, Australia, April 1984).
PUB TYPE Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Anxiety; *Attachment Behavior; Child Caregivers; Child Rearing; *Emotional Development; *Emotional Problems; Emotional Response; Foreign Countries; Foster Care; Infants; Mothers; *Parent Child Relationship; Psychopathology; Separation Anxiety; Toddlers; Withdrawal (Psychology)

ABSTRACT

The normal, biologically adaptive development of attachment between the human infant under 3 years of age and mother/caregivers contrasts with the Anglo-Saxon cultural belief that babies should be accustomed to unpleasantness. Separation of hospitalized children from their mothers, as frequently done in the past, has resulted in psychological damage to the children. Such damage displays three sequential aspects: protest; despair; and, finally, emotional detachment. "Damaged" behaviors that an insecurely attached child may exhibit include anxious attachment, compensatory behavior, superficiality in relationships, regression and testing behaviors, and schizoid psychopathology. The extent of separation influences the extent to which detachment becomes a psychological state. Reattachments and trust-of-others may be superficial, covering a very brittle, despairing personality. It often may be the case that, despite immaturity, the 7-, 8- or 9-year-old detached child may decide to take charge of his or her own life due to inability to trust an adult. In contrast, the securely attached, normally developing child moves at around the fourth year from the emphasis on psychological attachment toward exploratory behaviors and learning to interact with other children. The child who learns by gradual separation tends to be less vulnerable to damage and more able to maintain the trusting aspect of personality and to be emotionally intimate. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED253335

PS 014893

Selected Papers

Unit for Child Studies

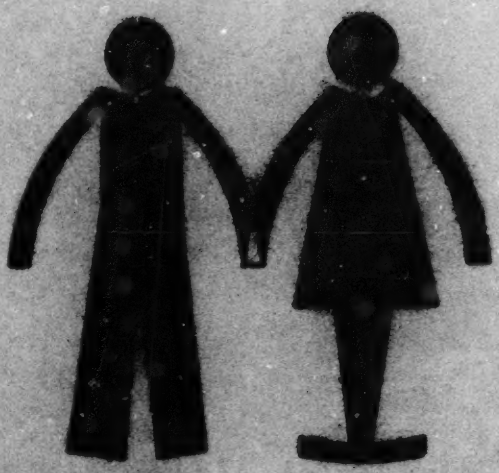
Number 31

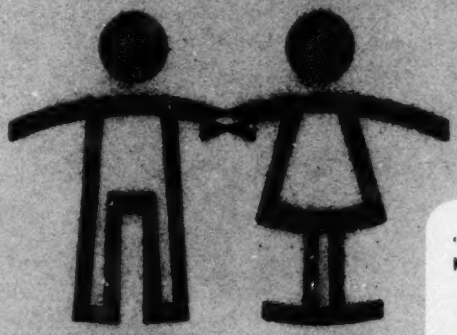
U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

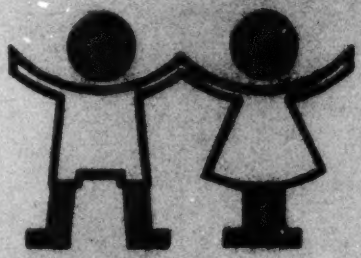
X This document has been reproduced as received from the person or organization originating it.

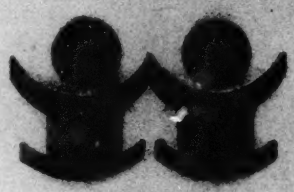
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.









"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

S. Phillips

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

© Copyright, 1984

School of Education
The University of New South Wales
662 2161

THE DETACHED OR INURED CHILD

Dr. Geoff Rickarby

ISSN 0727-6834

THE DETACHED OR INURED CHILD

DR GEOFF RICKARBY

The author is a child psychiatrist who works in a Child and Family Mental Health consultant team along with two psychologists and two social workers. This paper is based on that experience against a background of attachment research with young children. Within the constraints of this paper, the material will have to be condensed.

The basis of what the paper has to say derives from attachment psychology developed by Spitz & Bowlby (1973, 1980, 1983). It is a biological theory; a theory that the human species in its evolution has adapted by means of certain major behaviours. These behaviours may be instinctual and/or sequentially learned - there is controversy about this, but we are interested in what happens to the child. During the first three months the child's adaptation is seen in its recognition of its own mother by the smell and taste of her milk and her body smells and its rapid learning of how to nestle into her particular way of holding him/her and to find a nipple.

Around 3 to 8 months of age the progressive adaptive learning of early interpersonal responses by the child enables him/her to "particularise" upon the "mother" and we have the beginning of the phenomena known as the "psychological" mother. For example, at three months the child becomes very responsive to the mother's face and particularly her smile. This develops upon the baby learning to see shapes and edges in the objects and persons around him/her. By 6 to 8 months the baby has developed a tendency to prefer, attach to, or particularise on one, or sometimes more than one, person. Sometimes the baby's father becomes a second psychological "mother", particularly if he does a fair share of child minding and frequently gets up in the night to the baby.

We often have the phenomena where the day-care mother becomes a second psychological mother or the second particular person to whom the baby attaches. Most babies do not have second psychological mothers as it takes a great deal of habitual and personal interaction with a baby for this attachment to particularise on a second person. When it does happen, it can be advantageous, especially in cases where a baby loses a mother, or the mother is not available for some reason, as it can help in mitigating the baby's response to the loss. It may dilute mother/baby interaction, but not usually to any harmful extent.

Once babies recognise their own mother, they follow her first with their eyes, and this is one of the earliest obvious manifestations of attachment behaviour. Later, attachment behaviour is exhibited in a lot of attempted following when separated from the mother or caretaker, and crying and protesting for that particular person. Theorists see this behaviour as basically a protective adaptation of the species, for the human baby is more easily protected from predators or accident by this deep biological attachment to his/her mother, and the consequent tendency to stay close to her.

If you look at the film research on mother/baby interactions (Schaffer, 1977) which form the basis of early attachment behaviour, you will see that both mother and baby initiate these interactions. Most important for a baby

BEST COPY

are the eye-to-eye, face-to-face recognition and the smiling ritualised little games and songs that each mother and her baby develop. In these games there are not necessarily spoken words but many accompanying sounds, and always a lot of smiling.

We are talking here about the normal development of attachment, particularly in the under three year old child. If these young children are separated from their psychological mothers they protest, and this protesting cry and their distress is very heartrending for anybody who has empathy for the child when they are with them. If you are sensitive to the reactions of a child who really wants his/her mother, and he/she is determined, it can be very distressing for the listener. This cry is often quite heartbroken, and the effect and sound of the cry can also be quite irritating. The biological and adaptive meaning of this cry is to stimulate someone to find the child's mother - not someone else. Thus, the irritating nature of the cry, and the distressing behaviour, is adaptive.

Unfortunately, an ingrained belief in Anglo-Saxon culture is that babies should have thick skins - be inured. Even in our so-called humane culture, we teach babies to behave differently from the way their biological nature pushes them. For example, the practices of the old paediatric hospital of thirty to forty years ago which prevented the sick child from having the reassuring presence of the mother overnight, or for long periods of the day, as is now possible, caused a great deal of emotional damage to children. Detachment and its consequences were incorporated in the personality of vast numbers of children as a result of such practices by paedfatric hospitals. Until recently, paediatric hospitals were one of the major causes of emotional and personality damage in our society.

In 1984, as a cause of such damage, they are almost zero in number, and the Association for Welfare of Children in Hospital can claim a great deal of credit for campaigning and demonstrating and putting into effect major preventive measures such as rooming-in at the hospital for the mother of the sick child. Gradually, hospitals, paediatricians, and others, have learnt the wisdom of co-operating with the principles of this society. These d , most children we see in psychiatric practice are those damaged by separation from the psycholgocial mother in other situations

Now, let us look at the damage itself, and the critical stages.

1. The first thing that happened upon losing the "mother" in the old paediatric hospital was the *protest* - the crying, the searching, the calling. This is fully-fledged at 7½ - 8 months.

2. The next stage when the mother does not appear is for the child to go into a state of *despair*. This may be a very deep, oppressive stage of despair. It can immediately switch back to the protest stage when the child believes mother's return might be imminent. For example, a car door slams, footsteps are heard coming up the corridor, but when the mother does not appear, the child goes back to the despair state once more. In the despair/detachment phases, the child typically becomes withdrawn, is not interacting, and is not making a noise. In brief, the child's behaviour is not disrupting to adults. In this situation, the old-type paediatric sisters said "He is being 'good' now".

BEST COPY

3. The following stage is when the child exhibits fully-fledged *detachment* as seen in the following behaviours. The child's activity is desultory, apathetic, and not related to others. The child is not outgoing and avoids intimacy. Essentially, he/she is not close or trusting.

One must realise that although the *protest* stage is very harrowing and very distressing, and the crying upsets the sympathetic observer, it is not the stage in which the damage is done. Damage occurs in later stages when the child is quiet and has given up hope, and after his/her prolonged protest went unanswered, and his/her mother whom he/she wanted, did not return. It is the persistence of the consequent brittle feelings, the despair, and the non-trusting and apathetic elements of detachment that are the core of the damage.

During his Tavistock Seminars, Dr John Bowlby, the originator of the concept of attachment, once asked: "In the past when the child lost his/her mother, what would happen?" In reply came a very high sounding theoretical answer out of object-relations psychology. Bowlby's answer was terse. "No! he would be eaten!", meaning the child would be taken by predators. This pragmatic response gives us some inkling of the origin and purpose of attachment behaviour. It is a means to survival, but its nature varies among species.

For example, if one looks at some of our reasonably closely allied species, namely the orang-outang which is a primate fairly closely genetically related to the human species, one can observe that they have evolved a little differently in respect to attachment behaviour. The baby orangoutang exhibits a great deal of separation anxiety which develops fairly rapidly in the first month and then after 6 - 8 months begins to diminish in respect of its mother. At this early age it is becoming interested in other young orangoutangs, whereas the baby chimpanzee has a very hard-line biological attachment to its mother up until the 8th, 9th, 10th year, and, if the mother should die when the offspring is 6, 7, 8 years of age, then it, too, will often die as a result of the consequent separation and loss.

One of the most interesting manifestations of attachment behaviour is seen in the Australian emu who comes out of the egg, gets a good look at the father who has just hatched it, and thereafter, from the first hour of life, follows father and nobody else. It has very strong attachment behaviour and if father begins to run or change direction, the offspring at once follows right behind him. You have all probably read the stories of Konrad Lorenz about the greylag geese, which he encountered very early in their life, and how they learned, as a result, to follow him.

The tendency for attachment behaviour is very, very strong in human infants. This is why the essence of the despair stage, when the child is going into depression, with a "given up" bad affect, is one of the prime unpleasant feelings in the range of human emotions. The detachment sequence is what happens following that, when the child is just existing and merely surviving: perhaps he/she may look around a little, but in large part, he/she is withdrawn into themself. A detached state in children is indicated when their play is desultory; for example, they may spend large periods of time merely looking at their toes, or fingering something, or toying with their food; they pick at their meals for they are never really hungry; they are "switched off" and in a little world of their own. If they become really detached, and mother comes back - say 48 hours after they have been in hospital - they will often look through her; sometimes they will check her out, from the corner

BEST COPY

of their eye; if she is effusive they may turn away; they will look "turned off"; often they will look angry.

It is the depth of the despair, the length of time, the number of times that it happens, that causes the damage. Then, detachment becomes a state that goes on into the future. You may observe a child who has had a week's separation from mother and has become despairing and gone into quite a detached state, even though Grandma is fussing around and provides all the things the child ought to need, including potential attachment. When the mother or psychological parent returns, the ability to return to an intimate relationship with the warmth of a close twosome, is not as good. The child's interpersonal responses take much longer and have become basically mistrustful. It is this element of distrust and of not going as deeply into twosome relationships in the future, that is a central aspect of the damage.

In our work we find that babies who have been damaged very early on, for example, in the 6th or 7th month, may be placed in a situation where they have an excellent foster mother. The foster mother is reliable, does all the right things, is genuinely keen on the child, develops a personal bond with him/her, and really gives of herself in the relationship. The child will gradually recover by testing the relationship and from a long series of good experiences, and will eventually come to realise that trust is again possible. If nothing else happens, such a child appears fine on the surface.

Recently, the author and his team tested a child who was recovering well from serious disruptions following the loss of her attachment figure. This child is quite unusual in that she had been seriously neglected by an incompetent mother and handed around the mother's family. There was an aunt, an older sister of the mother, who was taking charge of this shuttling of the child around three cities and a country town, to different people. When examined, she was a very detached child and would not trust anybody. What was interesting, was that when male figures came along (and she had obviously been looked after by a male who had reasonably met her needs), she would go to them and not to female figures.

She had been with a foster mother for about eight weeks when the strength of her attachment was tested by asking the foster mother to leave the room for 20 seconds. The child was being quite warm, making eye contact, snuggling into the foster mother in the presence of strangers, and so on. The foster mother left the room and the child immediately went to the door and grabbed at it and dissolved into a hopeless, desultory, tearful state, and became grossly regressed. We only waited about half the twenty seconds before we asked "mother" to come back to the child. Underneath the apparent healing of the child's exterior there was a very brittle, despairing personality which had been cruelly demonstrated. If there had not been a major point in this action, and the necessity to put the case before a District Court Judge, the child would never have been tested in such a way.

Thus, the number of times there is a loss of "mother" and the depth of the despair, are important to the degree of damage. Sometimes when children with a mild degree of damage exhibit the "switched off" behaviour and their lack of trust, it protects them against the fear of loss of trust and against another loss. In our culture we gradually teach children to bear small amounts of separation. One of the things the author is doing as a psychiatrist with children, is looking at their *vulnerability* and how liable to damage they are.

For example, in our society we expect a young child to sleep in a bed on his/her own, or sleep in a room on his/her own. Children will learn to do this and if their trust is not broken and parents come in response to their

BEST COPY

crying, they will *learn* to cope with these situations, although it is against their biological nature. They will, of course, test out the training process with quite a lot of natural protesting. The child who learns by *gradual* separation rather than by implosion or sudden separation, is the child who tends to be least vulnerable and maintains the trusting aspect of their personality. The old idea that grandparents had: "Let them cry it out" is poor advice. But, if you are in a culture that is aiming to produce people who are not emotionally intimate, it may not be so. Cultures have different values about personality factors.

Some children who are in an anxious attachment stage can be highly vulnerable. Using a tree as a metaphor one can graphically show how to picture attachment damage, as some find it difficult to see it in perspective. The main trunk of the tree represents normal development as exhibited in trustingness, good eye contact, warmth, and security in the child. The branches of the tree represent the damaged behaviours a child may exhibit. The top branch, the least damaged, is *"anxious attachment"*. This state is exhibited in the child who has had previous losses and is not letting their psychological parent out of sight. They are "skirt-clinging" and crying; they even want to go to the toilet with "mother"; they think she may go away again so they revert to the protest stage at the slightest hint of separation.

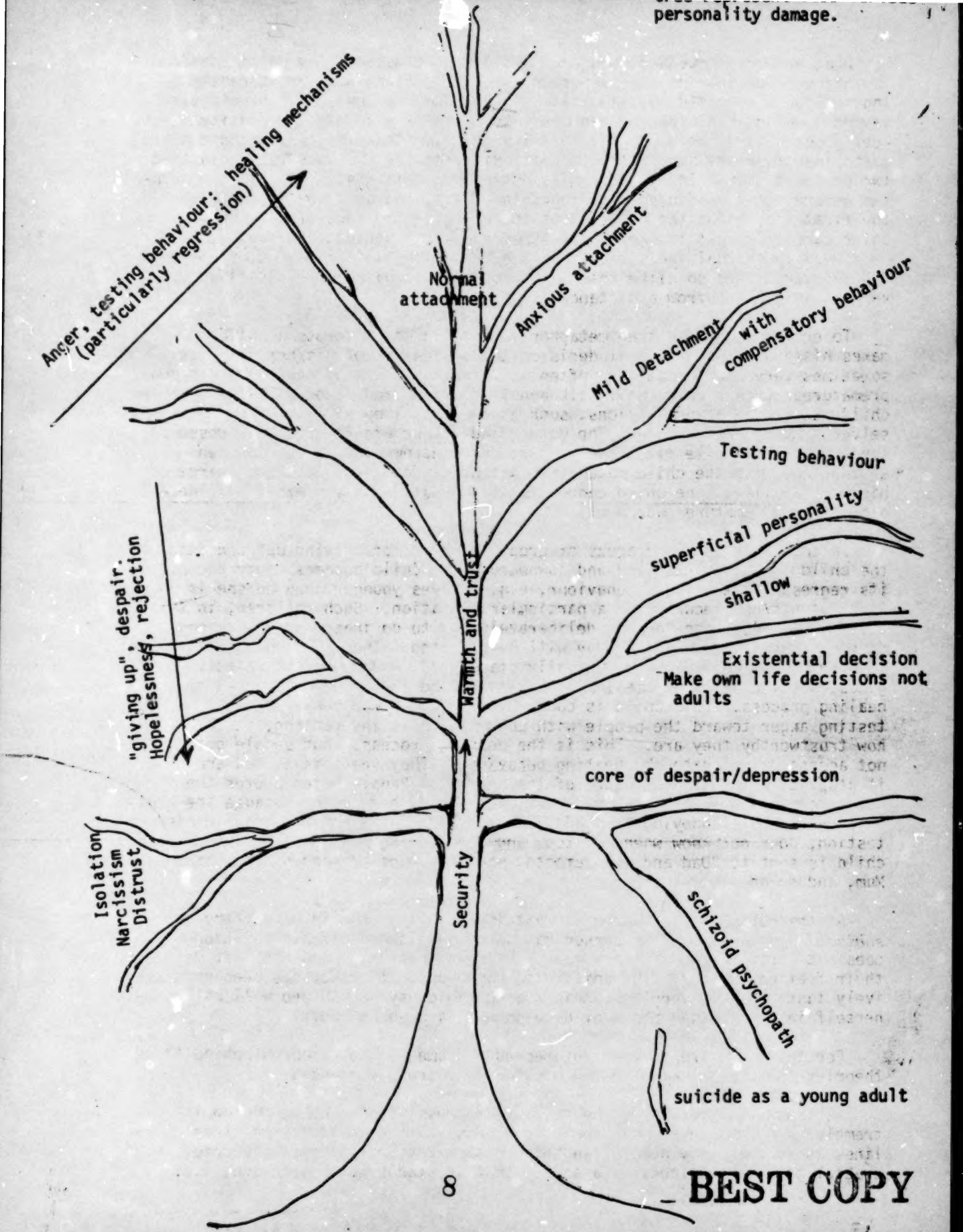
In contrast, when one observes highly trusting children, the mother can go to the shops leaving the child with Grandma; the child has learnt to trust the attachment with the mother and that she will return. Thus, it may be many hours before such a child goes into a severe protesting stage - trust carries them forward, whereas the child who is anxiously damaged is soon in the "anxious attachment" stage. One of the most noteable things about the latter is that they are often angry and irritable with the psychological "mother", and are checking everything she does.

The next phase of damage is what the author calls the *"compensatory"* phase, because the child has switched off from intimate and trusting relationships. The compensation is also often exhibited in their increased interest in material things. Icecreams and Mars bars can become, to such a four-year-old, more important than people. This does not mean to say that all such behaviour in very young children is compensatory, but it is generally so when it is accompanied by a lot of hard testing of the person who is central to the child, such as a foster mother or the mother, particularly when she returns after an absence, for example, when she comes back from holiday. In such a child there is a lot of movement back from the detached despairing phase into angry, naughty and destructive behaviour and crying and tantrums in younger children, and so on.

The next branch is what you might call the *superficial* child; the distrusting, the switched off, and the compensatory behaviour has advanced to such a degree that the child's relationships with people are persistently superficial and shallow. Such a child is often "warm", interested in giving affection, kisses and hugging, but usually when they want or need something. Basically, his/her seemingly "warm" behaviour does not reflect the spontaneity of genuine and close interpersonal relationships. The child in this condition often goes into a foster home and is very happy, smiling and laughing, which makes the foster mother think everything is going well, until the day she may be talking to a neighbour who says "What a beautiful child"; the child then wants to go off with the neighbour and leave the foster mother. Thus, relationships, and particularly personal one-to-one relationships are very shallow.

BEST COPY

personality damage.



BEST COPY

What one must remember when one is looking at mother/baby relationships is that you are looking at two person, sometimes three person interactions, and to look at a child outside that interpersonal system is often an invalid way of looking at him/her. When one looks at a baby as a single entity one is really separating the baby from a family or dyad (twosome) system and that is quite inappropriate because the normal existence for the baby is within that two person system. It is worthwhile noting, in this context, that as a species we are clearly adapted to recognising faces, and at a very early stage in the first few months the baby learns to recognise the face of the mother or chief caretaker. It is one of the aspects of our species, that we tend to have very individual faces; even though there are billions of us, there is hardly ever a face so alike that it cannot be recognised very clearly and very rapidly, even from a distance, by intimates.

To proceed with the tree metaphor, one often comes across a child who makes his/her own existential decision to *take charge* of his/her own life; sometimes very early, but most often at 7 - 8 - 9 years of age, which is most premature. Such a child will talk about "Mummies" and "Daddies" the way some children talk about possessions, such as a bike. They will try to get themselves a Mummy and a Daddy. The mother and father are important as possessions and are a little like the Ford Falcon syndrome: you can soon own another one. So the child makes an existential decision and takes charge of his/her own life. The child cannot trust an adult - only him/herself, despite his/her immature judgement.

In this movement into areas of greater damage, of "giving-up" and despair, the child is moving backward and downward. The child becomes angry and exhibits regressed and testing behaviour, e.g. behaves younger than he/she is to test out his/her security in a particular situation. Such children, in their testing and rejecting "games" deliberately try to do inappropriate things to discover the stage at which they will be rejected. They are continuously testing the premise: "Can you really stand me?" And yet these rejection games, hostile testing games, and regression and anger, are an aspect of the healing process. If a child is continuing with babyish behaviour and hostile, testing anger toward the people with whom he/she is interacting, it is to see how trustworthy they are. This is the healing process. But people often will not accept or tolerate the healing behaviour. They see this as bad and want it stopped, without being aware of its meaning. People often prefer the quiet "giving-up", the despair which leads to further damage, because the healing behaviour is annoying. To add to the problem, the child, often in his/her testing, does not know when to stop, and a fostering might break down, or the child is sent to "Dad and his defacto" who then want to send him/her back to Mum, and so on.

At the bottom of this tree is what is commonly known in psychiatry as the *schizoid psychopath*. This person has totally switched off all relationships, does not care, does not "give a damn", stays on their own, and has left most of their feelings behind. The ability to have normal feelings has been progressively lost. At the very bottom is the schizoid psychopath who will kill himherself in a depressed phase of development as a young adult.

For those who are further interested in some of the research behind these theories the books listed in the bibliography are recommended.

As theory and metaphor, the tree of progressive attachment damage is extremely practical in making predictions about children and giving clear guidelines as to what they need or what makes them better. It is, of course, crucial to the usefulness of a theory that it stands up in practice, i.e.

BEST COPY

whether it works to help and prevent disturbance.

Those people who have had no contact with protest-despair-detachment sequences, and the concept of "psychological parent", associated with loss in childhood, often find what has been said in this paper quite difficult to grasp. This could be because their experience is of older children. From the 4th year onward, children usually learn to tolerate a great deal of separation. The early phases of behaviour that revolve around the development of psychological attachment give way to other behaviours such as exploratory behaviour and learning to interact with other children. At 3½ - 4 a child tolerates very well going to preschool, unless there is a lot of damage of the anxious attachment type. This is occasionally exemplified when you see such children at a preschool crying, and the mother sitting in the car behind a bush listening to what is happening, and crying herself.

The whole purpose of understanding the nature and development of attachment and the effects of its disruption is *prevention:* awareness which is readily communicated to others may gradually change a whole culture in the direction of sensitivity to children's needs.

Based on a seminar presented at the Unit for Child Studies, 3rd April, 1984.

REFERENCES

FRAIBERG, S. *Every child's birthright: in defense of mothering.* New York: Basic Books, 1977.

FRAIBERG, S. (ed.) *Clinical Studies in Infant Mental Health. The first year of life.* London: Tavistock, 1980.

MURRAY-PARKES, C. & STEVENSON-HINDE, J. (eds.) *The Place of Attachment in Human Behaviour.* New York: Basic Books, 1982.

ALLOWAY, T., PLINER, P. & KRAMES, L. (eds.) *Attachment Behaviour. Vol. III* New York: Plenum Press, 1977.

BOWLBY, J. *Attachment and Loss* -

Volume I (2nd edition) *Attachment.* London: Hogarth Press, 1982
Volume II *Separation, Anxiety and Anger.* London: Hogarth Press, 1973
Volume III *Loss Sadness and Depression.* London: Hogarth Press, 1980.
(these three volumes also available in Penguin)

SCHAFFER, H.R. *Studies in Mother/Infant Interaction.* London: Academic Press, 1977.

BEST COPY